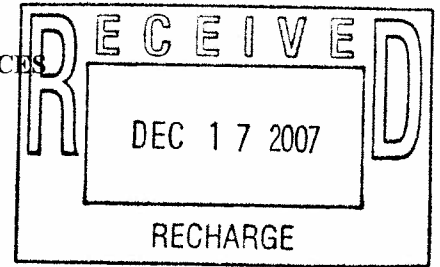


ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



**APPLICATION FOR GROUNDWATER
SAVINGS FACILITY PERMIT (§ 45-812.01)**

APPLICATION FEE IS \$ 500.00 DUE UPON FILING.

PERMIT FEE OF \$ 350.00, PLUS NOTICE AND
PUBLICATION FEES TO BE DETERMINED,
ARE ALSO DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND ONE COPY OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

<p>FOR OFFICE USE ONLY</p> <p>Application No.: <u>72-211277.0001</u></p> <p>Date Received: <u>12-17-07</u></p>

- Name of Applicant: Gila River Indian Irrigation and Drainage District

<u>P.O. Box 2202</u>	<u>Sacaton</u>	<u>AZ</u>	<u>85247</u>
Mailing Address	City	State	Zip

Facility Contact Person Gary L. Parker Telephone 520-562-6722 Fax 520-562-2840
- Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Phoenix AMA (67% of lands), East Salt River Valley subbasin and Pinal AMA (33% of lands), Maricopa-Stanfield and Eloy subbasins
- Name of the owner(s) of the land where the facility will be operated Gila River Indian Community and member allottees
Mailing Address P.O. Box 97, Sacaton, Arizona 85247
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
- Legal description of the location of the facility See map and legal description for wells within the facility
(quarter/quarter/quarter/section, township and range)
- Name of recipient(s) of in lieu water. Attach list if necessary. Gila River Indian Irrigation and Drainage District
- The maximum annual amount of water that may be stored at the facility 56,000 AF
- Proposed duration of permit through December 31, 2010
- Registration number(s) and location of well(s) from which groundwater withdrawals will be curtailed.
(if more than two wells, attach an additional page) **See attached Exhibit A**

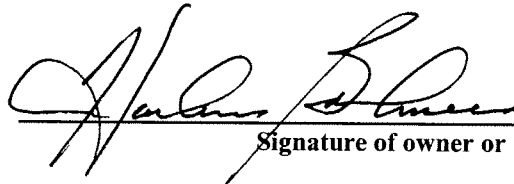
55-_____Township_____Range_____Section_____1/4_____1/4_____1/4_____
55-_____Township_____Range_____Section_____1/4_____1/4_____1/4_____

9. Please attach the following:

- A. A detailed plan for proving the amount of annual groundwater savings. **See attached Plan of Operation included with this application**
- B. Plan of operation for the facility that: (1) Describes the facility in detail; (2) Demonstrates direct reduction of elimination of groundwater withdrawals resulting from the receipt of in lieu water; (3) Demonstrates that the substitute or in lieu water would not have been a reasonable alternative to the recipient without the project; (4) Demonstrates that the substitute or in lieu water was not delivered before 9/1/90; (5) Demonstrates that the substitute or in lieu water is the only reasonably available substitute for groundwater; (6) Describes the area of impact of the water storage.

I (We), Harlan Bohnee, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

520-562-6720
Telephone



Signature of owner or authorized agent

Chairman, Gila River Indian Irrigation and Drainage District
Title

<u>P.O. Box 2202</u>	<u>Sacaton</u>	<u>Arizona</u>	<u>85247</u>
Mailing Address	City	State	Zip

STATE OF ARIZONA)
) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires: